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FILED  
Jul 20, 1999 8:00 am  
Secretary of State

07-20-1999 90011 022 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 638204

1. Corporation Name

PROFESSIONAL INSURANCE PLANNERS OF FLORIDA, INC.

Principal Place of Business

1501 VENERA AVENUE, SUITE 320  
CORAL GABLES FL 33146  
US

Mailing Address

1501 VENERA AVENUE, SUITE 320  
CORAL GABLES FL 33146  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1979

4. FEI Number

59-1933261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 402 43rd Street West  
Suite, Apt. #, etc.

22

City & State

23 Bradenton FL

Zip Country

24 34209 25

2a. Mailing Address

26 402 43rd Street West  
Suite, Apt. #, etc.

27

City & State

28 Bradenton FL

Zip Country

29 34209 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Mark A. Rehder

82 Street Address (P.O. Box Number is Not Acceptable)

402 43rd Street West

83

84 City

Bradenton

FL

85 Zip Code  
34209

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Mark A. Rehder

(NOTE: Registered Agent signature required when reinstating)

DATE

7/14/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME MAYVILLE, WILLIAM E.  
STREET ADDRESS 1501 VENERA AVE., #320  
CITY-ST-ZIP CORAL GABLES FL

TITLE ST ☐ DELETE

NAME REHDER, MARK A.  
STREET ADDRESS 1501 VENERA AVE., #320  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME James E. Boyd  
1.3 STREET ADDRESS 402 43rd Street West  
1.4 CITY-ST-ZIP Bradenton, FL 34209

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 402 43rd Street West  
2.4 CITY-ST-ZIP Bradenton, FL 34209

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark A. Rehder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99

Date

(941) 708-4104

Daytime Phone #

CR2E034 (11/98)

0218384